

State of Delaware
Department of Agriculture, Weights and Measures
2320 South Dupont Highway
Dover, DE 19901 (302) 698-4602 or (800) 282-8685 (DE only)

Application is hereby made for a Weighmaster License under Title 6, Chapter 51, Delaware Code as amended 1987.

Applicant Name and Telephone Number

Firm Name and Telephone Number

Address, City/St/Zip

Address, City/St/Zip

Years of Weighmaster experience:_____

Years with this firm:_____

As evidence of good moral character secure the endorsement of three persons to the following certification.
The undersigned is acquainted with the applicant and hereby certified that I know him/her to be of good moral character.

Signature

Name

Address

I have read the conditions under which a Weighmaster License is issued and agree to comply with all the requirements contained therein.

Signature of Applicant

License Fee - \$25.00 for three calendar years
NOTE: Application must be accompanied with payment

<div style="border-bottom: 1px dashed black; margin-bottom: 10px;">Check/Money Order</div> <div>Please Make Check or Money Order Payable to:</div> <div>Delaware Department of Agriculture Weights and Measures</div>	<div style="text-align: center; margin-bottom: 10px;">NEW!! CREDIT CARD PAYMENT</div> <div style="margin-bottom: 10px;">_____ Visa _____ MasterCard _____ Discover</div> <div>Billing Name:_____</div> <div>Billing Address:_____</div> <div>Telephone Number:_____</div> <div>City/St/Zip:_____</div> <div>Credit Card Number:_____</div> <div>Expiration Date:_____</div> <div>Authorization:_____</div>
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